PAG-356

PTO/SB/01 (10-01)

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Attorney Docket Number

DECLARATION FOR		The state of the s					
DECLARATION FOR		First Named Inv nto	· Ibarra,	Jim			
PATENT APPLI	COMPLETE IF KNOWN						
(37 CFR 1.	·	Application Number					
Declaration OR	Declaration	Filing Date	-				
	Declaration Submitted after Initial	Art Unit					
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name					
		- 					
As the below named inventor, I here							
My residence, mailing address, and cit				Lt th- investion optitled:			
I believe I am the original and first inve	entor of the subject matter w	nich is claimed and for whic	n a patent is soug	nt on the invention entitled:			
Thermal Transfer Assem	bly for Ceramic Im	aging					
			•				
	•						
<u></u>	(Title of the In	nvention)	···.	·			
the specification of which		,					
is attached hereto							
OR	·			,			
was filed on (MM/DD/YYYY)		as United States A	onlication Number	or PCT International			
was med on (why, bb, 1111)		do Offico Otatos / (
	· · · · ·]	. —					
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and any amendment specifically referred to	•	t the above identified specif	ication, including t	ne claims, as amended by			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
		(MINIODITITI)					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
[Page 1 of 2]							

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: TV T	Customer Number or Bar Code Label	37282		OR	c	Correspondence address below	
							
Name			_				
Address							
City			State			ZIP	
Country	Telep	hone				Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INV	ENTOR :	A petition h	as been	filed for t	his unsi	gned inventor	
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NAME OF SECOND INVENTOR		A petition ha	s been fil	led for thi	s unsigi	ned inventor	
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Inventor's Signature						Date	
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Additional inventors are being name	ed on the 3 supp	lemental Addition	onal Invento	or(s) sheet(s) PTO/S	B/02A attached hereto.	

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ECLARATION	ADDITIONAL INVENTOR(S) Supplem ntal Sheet Page of
	rage or

Name of Additional Joint Inventor, if ar	nv:	Λ notition has been fi	lad for th	ois unsigned inventor		
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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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ADDITIONAL INVENTOR(S) Suppl mental Sheet Page ___ of ___

•			_			
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ADDITIONAL INVENTOR(S) Supplem ntal Sheet Page ___ of ___

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Inventor's Signature Date				Date		
Residence: City	State	Country		Citizenship		
Mailing Address						
Mailing Address				·		
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Name of Additional Joint Inventor, if any:						
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Inventor's Signature				Date		
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Mailing Address						
Mailing Address						
City	State	ZIP	Cour	ntry		

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